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CONFIRMATION NO. 5158

SERIAL NUMBER 10/787,278	FILING OR 371(c) DATE 02/26/2004 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. AIJ-001CP3

APPLICANTS

Anne-Marie Chalmers, Osprey, FL;

** **CONTINUING DATA** *************************

This application is a CIP of 10/657,521 09/08/2003 ABN and is a CIP of 10/690,387 10/21/2003 ABN *S.T*

** **FOREIGN APPLICATIONS** *********************** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 05/15/2004

Foreign Priority claimed ☐ yes ☒ no	STATE OR COUNTRY FL	SHEETS DRAWING 1	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance				
Verified and Acknowledged *S.T* Examiner's Signature Initials				

ADDRESS
42505

TITLE

Medication delivery device

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees
		☐ 1.16 Fees (Filing)
		☐ 1.17 Fees (Processing Ext. of time)
		☐ 1.18 Fees (Issue)
		☐ Other _____
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